



The Perfect Change Packet

Items you must send to the State for all changes:

- ✓ **Cover Letter**, include your contact information
- ✓ **DSS 5015** Foster Care Facility License Action Request
 - ✓ Notate changes on this form using color ink
- ✓ **DSS 5157** Relicense, Change & Termination Request Application signature of agency social worker required

For the changes below also include the corresponding forms/documentation:

- ✓ **Change of address**
 - ✓ **DSS 1515** Fire Safety Inspection Report
 - ✓ **DSS 5150** Environmental Conditions Checklist
- ✓ **Adding an adult member to household** – document relation to foster parents
 - ✓ **DSS 5017** Medical History Form
 - ✓ **DSS 5156** Request for Medical Information / TB Test
 - ✓ **Fingerprint Clearance Letter**
- ✓ **Change from “Regular” to “Therapeutic” foster care**
 - ✓ Justification: Document training foster parents have or will receive and ability to provide therapeutic care
- ✓ **Change in capacity**
 - ✓ Justification: Document adequate space: notate type of beds in each room, and who occupies each bed

Things to remember:

- ✓ Fill in all required information, date all documents, and gather required signatures
- ✓ Please do not fax any documents without prior approval from a licensing consultant